County: Wood FAMILY HERITAGE MEDICAL/REHAB 130 STRAWBERRY LANE WISCONSIN RAPIDS 54494 Phone: (715) 424-1600
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 140
Total Licensed Bed Capacity (12/31/00): 140
Number of Residents on 12/31/00: 89 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 105 89

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/00) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No No Yes No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	% 0. 0 30. 3 2. 2 0. 0 2. 2 4. 5 3. 4 23. 6	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	3. 4 7. 9 32. 6 44. 9 11. 2 100. 0 96. 6	Less Than 1 Year 1 - 4 Years More Than 4 Years ***********************************	
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No Yes No	Cerebrovascular Diabetes Respiratory Other Medical Conditions	2. 2 9. 0 6. 7 15. 7 100. 0	Sex Male Female	15. 7 84. 3 100. 0	RNs LPNs Nursing Assistants Aides & Orderlies	12. 5 9. 0 45. 6

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay	 I	Manageo	d Care		Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Diem	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care		0. 0	\$0.00	1	1. 6	\$114. 17	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 1%
Skilled Care	_		\$250.00	$5\overline{4}$	85. 7	\$97. 47	ŏ	0. 0	\$0.00	20		\$139.00	ŏ	0. 0	\$0.00	80	89. 9%
Intermediate				8	12.7	\$80. 77	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	8	9.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	i. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		63	100. 0		0	0.0		20	100.0		0	0.0		89	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 5.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 1.0 Bathi ng 6. 7 48.3 44. 9 89 Other Nursing Homes 2.0 Dressi ng 19. 1 47. 2 33.7 89 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 29. 2 89 89. 1 50.6 20. 2 27.0 42.7 30.3 89 0.0 Toilet Use 89 0.0 Eating 62. 9 30.3 6. 7 Other Locations ******** 2.0 Total Number of Admissions 101 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 2. 2 4. 5 Private Home/No Home Health 28.7 Occ/Freq. Incontinent of Bladder 56. 2 0.0 Private Home/With Home Health 15. 5 Occ/Freq. Incontinent of Bowel 39. 3 1. 1 Other Nursing Homes 5.4 1. 1 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 5.4 Mobility 0.0 Physically Restrained 3.4 0.0 39. 3 0.0 Other Locations 5.4 Skin Care Other Resident Characteristics Deaths 39. 5 With Pressure Sores 1. 1 Have Advance Directives 97.8 Total Number of Discharges With Rashes Medi cati ons 4. 5 Receiving Psychoactive Drugs (Including Deaths) 129

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownershi p:			Bed	Si ze:	Li ce	ensure:		
	Thi s	Pro	ori etary	100-	- 199	Ski l	led	All Facilities	
	Facility		Group		Group		Group		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75. 0	83. 7	0. 90	86. 4	0. 87	87. 0	0. 86	84. 5	0.89
Current Residents from In-County	91. 0	75. 1	1. 21	79. 8	1. 14	69. 3	1. 31	77. 5	1. 17
Admissions from In-County, Still Residing	20. 8	18. 7	1. 11	23. 8	0.87	22. 3	0. 93	21. 5	0. 97
Admissions/Average Daily Census	96. 2	152. 8	0. 63	109. 7	0. 88	104. 1	0. 92	124. 3	0. 77
Discharges/Average Daily Census	122. 9	154. 5	0. 80	112. 2	1.09	105. 4	1. 17	126. 1	0. 97
Discharges To Private Residence/Average Daily Census	54. 3	59. 1	0. 92	40. 9	1. 33	37. 2	1.46	49. 9	1.09
Residents Receiving Skilled Care	91. 0	90. 6	1.00	90. 3	1.01	87. 6	1.04	83. 3	1.09
Residents Aged 65 and Older	96. 6	95. 0	1. 02	93. 9	1.03	93. 4	1.03	87. 7	1. 10
Title 19 (Medicaid) Funded Residents	70. 8	65. 4	1. 08	68. 7	1.03	70. 7	1.00	69. 0	1.03
Private Pay Funded Residents	22. 5	23. 2	0. 97	23. 2	0. 97	22. 1	1.02	22. 6	0. 99
Developmentally Disabled Residents	0. 0	0.8	0.00	0.8	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	32. 6	31.4	1.04	37. 6	0.87	37. 4	0.87	33. 3	0. 98
General Medical Service Residents	15. 7	23. 2	0. 68	22. 2	0.71	21. 1	0. 74	18. 4	0.85
Impaired ADL (Mean)	49. 4	48. 9	1. 01	49. 5	1.00	47.0	1.05	49. 4	1.00
Psychological Problems	36. 0	44. 1	0. 82	47. 0	0.77	49. 6	0. 72	50. 1	0. 72
Nursing Care Required (Mean)	6. 5	6. 5	0. 99	7. 2	0. 90	7. 0	0. 92	7. 2	0. 90